

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | |
|--|------------------|--|-----------|--|--|----|--|--|--|
| 1 Date of Request: <u>4/14/99</u> | | 2 Serial/Patent # <u>09/245894</u> | | | | | | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | |
| <input checked="" type="checkbox"/> Filing | Yellow FEE SHEET | 2-8-99 | \$ 380.00 | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ 380.00 | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | -- | | | |
| | | -- | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | |
| TYPED/PRINTED NAME: <u>CHRISTINE MOLLISH</u> | | TITLE: <u>LIE</u> | | | | | | | |
| SIGNATURE: <u>Christine Mollish</u> | | PHONE: <u>308-1879</u> | | | | | | | |
| OFFICE: <u>DIPE TEAM 3</u> | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**